

Erie County Opiate Epidemic Task Force

Work Group Monthly Report

March 28, 2016

Work Group Name: Treatment Provider

Work Group Leader: Michael Ranney

Work Group Chair: Leader and Julie Gutowski (Spectrum Human Services)

Work Group Meeting Schedule: Monthly (every four weeks), most recent meeting 2/29/16.

Summary of meetings/Activities:

- Defined purpose: Ensure community needs are met related to substance use disorders including prevention, treatment and after care to assist individuals and families in recovery. Due to large size of group (40 representatives), subcommittees were developed and leads identified.
- Subcommittees
 - Best Practices
 - Training Opportunities
 - LOCADTR 3.0
 - Stages of Change
 - M.A.T. (Medication Assisted Treatment)
 - EBPs (Evidence Based Practices)
 - Treatment Access
 - Integration of Family /Support System into treatment
- Group has agreed that the first hour of the meeting will be subcommittees
- Second hour of meeting will be large group
- Renaissance Addictions, Inc. will be the meeting place for workgroups and subcommittees. Subcommittees will be meeting in classrooms on the campus.

Work Group Contact Information:

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Support needed?

Crisis Services Addiction Information and Referral Hot line

Opiate Taskforce Treatment Provider Work Group

MINUTES

3.28.16

Best Practices Sub Group

- ~ Need to define each issue, what needs to be done, and what we don't know
- ~ Insurance issues- challenges with getting appropriate level of care approved
- ~ Useful to pull together information on best practices and its not known well in the community, create some type of agreed upon approach for different levels of care
- ~ Lack of research on best practices for treatment of opiate substance use disorder
- ~ Need more information on which community physicians are prescribing or able to prescribe buprenorphine
- ~ Define what sorts of programs seem to work different regions & different areas (may contain unique patient characteristics based upon region such as urban/rural/suburban)

Treatment Access Sub Group

- ~ It is more an access issue than an availability issue
- ~ Better communication amongst providers for more successful transitions between levels of care (warm hand offs)
- ~ Representatives from all the levels of care need to participate in the sub group including detox, inpatient and outpatient and family
- ~ Remove our own barriers what is required by regulations versus our current processes (what can be eliminated or streamlined)
- ~ Other ways to get people through the system need to create a "cheat sheet"
- ~ Erie County funding an addictions hotline through crisis services
- ~ Monday-Friday project 7am-2pm trying to get longer hours
- ~ PAARI Initiative

~Erie County Department of Mental Health will be sending an email asking for people to make communication with the legislators

~ We need to get familiar with the different level of care and get to know each other (clearly and succinctly describe admission criteria for each level of care and any needed documentations for use by treatment providers, client and families)

Family Sub Group

~Fine line between helping and engaging with the family

~Educate the community

~"Boot camp for families" 2 times a month, full day training for families (possibly could be through the Prevention Programs)

~ Availability of treatment options and how to link with different types of insurance

~Defining family as more than biological, it is the individuals that the client identifies as family could be biological, friends, neighbors, community supports

~How the dual licensing will help ensure that both MH and SUD are treated

~Universal handouts to educate family about addiction, how to be supportive, type of services available, how to access services for the client and the family (including community supports such as AA, NA, NARANON, ALANON, SOS

~Standardized materials about addiction and how to help a family member seek help to be available churches, libraries, public places

~Work Group Members were asked to forward materials so there's a big comprehensive package to put together a hand out

~Include in the handouts what services are offered at each provider

DR.BURSTEIN

~Trying to get community physicians to prescribe buprenorphine to increase access to this medication

~8 hour training to get certification to get a special waiver on their license to prescribe buprenorphine

~Currently there are low caps on number of clients a prescriber can have on buprenorphine: first year 30 patients, after year one can have up to 100 patients Current legislation to increase the cap to 200 per prescriber

~ Pair PMD with addiction treatment specialists (OASAS clinic provider)

~concerned with length of time with proposed stabilization period of 2-3 months, community providers thought 6 months was more accurate

~Pilot offers in person training instead of online and offers some consultation ability with Dr Updike

~The proposed training is voluntary

~Outreach is occurring to PC to see if anyone is interested in the training

~Dr. is having a meeting with the insurance providers

~ Differences between the various MET such as vivitrol, buprenorphine and methadone

~Consider offering education on Vivitrol to area prescribers like is being offered for buprenorphine

~Proposed MOU for treatment providers was circulated and feedback was given